Deployment Prescription Program (DPP)

Program Overview for Deployment Site

June 2011

Promoting high quality, cost effective drug therapy throughout the Military Health System

TMA Pharmacy Operations Center (POC)

- **The POC is the main point of contact for all questions about deployment prescriptions**

- **The POC serves as a liaison between the MTF, the service member (SM) and the mail order pharmacy (MOP) to ensure processing of refills in theater**

Prior To Deployment

1. The MTF uses a P-Mart to pre-screen for medication needs

2. MTF/Deployment Site Provide briefing information to SM's on deployment Rx process

3. Providers prescribe medications for deploying service members using a mail order registration and Rx form

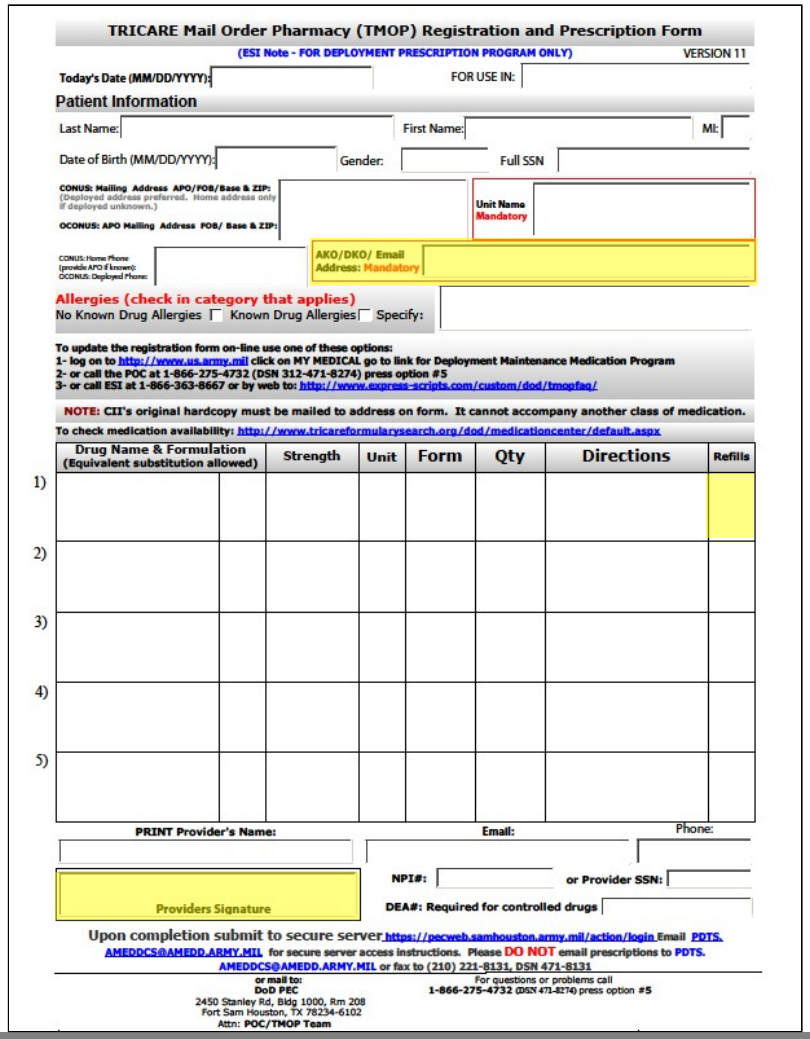
4. The MTF dispenses an initial 180-day supply of medications to treat chronic conditions

P-MART Tool

Prescription Medication Analysis & Reporting Tool

- **Pre-deployment medication screening tool**
- **Reports high risk medications and non-deployable service members**
- pec/PMAR

Pre-deployment Processing Center responsibilities



TRICARE Mail Order Pharmacy (TMOP) Registration and Prescription Form

(ESI Note - FOR DEPLOYMENT PRESCRIPTION PROGRAM ONLY) VERSION 11

Today's Date (MM/DD/YYYY): FOR USE IN:

Patient Information

Last Name: First Name: MI:

Date of Birth (MM/DD/YYYY): Gender: Full SSN

CONUS: Mailing Address APO/FOB/Base & ZIP: (Deployed address preferred. Home address only if deployed unknown.)

OCONUS: APO Mailing Address FOB/ Base & ZIP:

Unit Name Mandatory

CONUS: Home Phone: (provide APO if known) OCONUS: Deployed Phone:

AKO/DKO/ Email Address: Mandatory

Allergies (check in category that applies)

No Known Drug Allergies ☐ Known Drug Allergies ☐ Specify:

To update the registration form on-line use one of these options:
1- log on to http://www.us.army.mil click on MY MEDICAL go to link for Deployment Maintenance Medication Program
2- or call the POC at 1-866-275-4732 (DSN 312-471-8274) press option #5
3- or call ESI at 1-866-363-8667 or by web to: http://www.express-scripts.com/custom/dod/tmopfaq/

NOTE: CII's original hardcopy must be mailed to address on form. It cannot accompany another class of medication.

To check medication availability: http://www.tricareformularysearch.org/dod/medicationcenter/default.aspx

	Drug Name & Formulation (Equivalent substitution allowed)		Strength	Unit	Form	Qty	Directions	Refills
1)								
2)								
3)								
4)								
5)								

PRINT Provider's Name: Email: Phone:

Providers Signature

NPI#: or Provider SSN:

DEA#: Required for controlled drugs

Upon completion submit to secure server https://pecweb.samhouston.army.mil/action/login Email PDTS.AMEDDCS@AMEDD.ARMY.MIL for secure server access instructions. Please DO NOT email prescriptions to PDTS.AMEDDCS@AMEDD.ARMY.MIL or fax to (210) 221-8131, DSN 471-8131

or mail to: DoD PEC 2450 Stanley Rd, Bldg 1000, Rm 208 Fort Sam Houston, TX 78234-6102 Attn: POC/TMOP Team

For questions or problems call 1-866-275-4732 (DSN 471-8274) press option #5

- **Provide Pharmacy Briefing**
- **Dispense 1st 180-day supply of chronic medications**
- **Complete Mail Order Prescription and Registration form**
  - **Valid email address**
  - **Give a refill on Rx submitted**
  - **Provider Signature**
- **Provide MOP reminder card contact information**
- **Assists SMs with MOP registration/rx form to enroll in mail order**
- **Send all completed mail order forms to POC at end of day**
- **Contact POC for assistance with mail order process or for P-MART information**

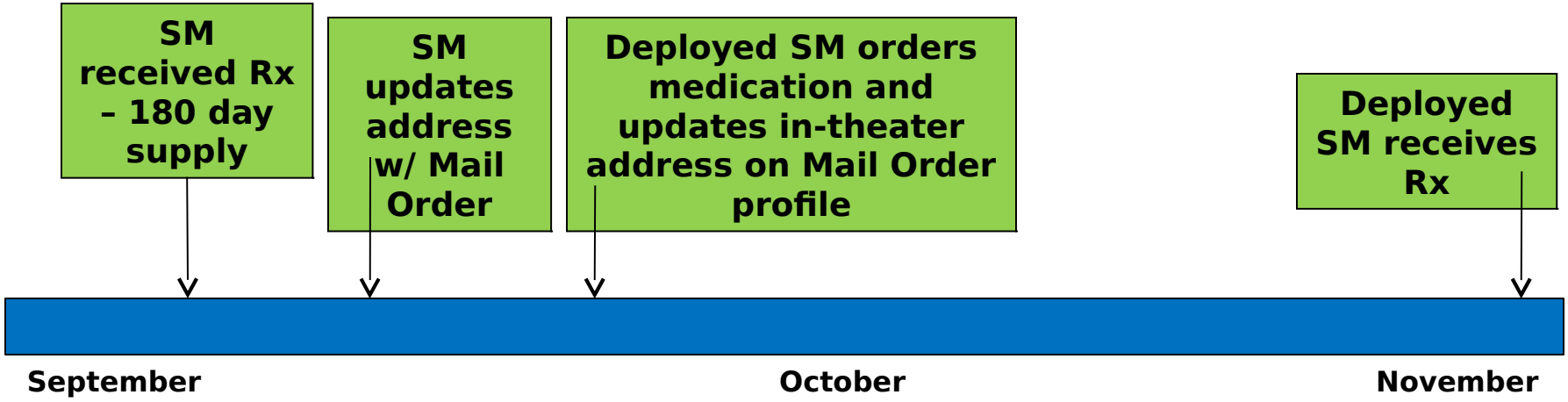
Rx Stages

1. The mail order registration and Rx form is sent to the POC for processing

2. ESI sends an e-mail to the SM two months into deployment asking them to update their online registration with their current mailing address (APO/FPO)

3. ESI sends an e-mail four months into deployment reminding the SM to order the medication.

4. ESI will send the Rx to the address the SM has provided after the SM orders the medication


SM received Rx – 180 day supply
SM updates address w/ Mail Order
Deployed SM orders medication and updates in-theater address on Mail Order profile
Deployed SM receives Rx
September
October
November

Reminder Messages sent to Deployed Member

- **Two emails are sent to SM's email address from Express-Scripts. Inc**
  - **2 months into deployment for address update**
  - **4 months into deployment for medication order**
- **SM SHOULD ACTIVELY LOOK FOR EMAIL**

- **Only requested medication will be delivered**

  Medications are not automatically sent out

- **IF EMAILS ARE NOT RECEIVED CONTACT THE POC**

Pending (on hold) Prescription E-mail Notification

Dear Jane Doe,

This is a courtesy reminder from the TRICARE Mail Order Pharmacy (TMOP) operated by Express Scripts. **You must take the action described below to receive follow-on prescription medication while deployed.**

You have been identified as having one or more prescriptions that will be mailed to you during your deployment. You must first activate your account on the TMOP website to receive an e-mail reminder when these prescriptions become available for delivery (see directions below).

TO ACTIVATE YOUR ACCOUNT NOW:

1) Visit http://www.express-scripts.com/custom/dod/ben message/
2) Click "Activate Your Online Account."
3) Complete all steps of the activation process.

PLEASE NOTE: The e-mail reminder will be sent to the e-mail address that you specify during the enrollment process.

The activation process takes only a few minutes and provides access to several online features of your TMOP benefit, including benefit details, online ordering, drug and health information, and more.

If you have already activated your account, please sign in by visiting https://member.express-scripts.com/web/member/loginreg/dodLoginStart.do and verify your current shipping and e-mail address.

If you have any questions, please call 1.877.363.1303, or log on to your account and visit the Contact Us section.

Thank you for your time. Your satisfaction is important to us.

The Express Scripts Pharmacy

Receiving Medication Refills While Deployed

Reminders to Ensure You Receive Your Refill Meds

1. Update APO/FPO address & email address online http://www.expressscripts.com/custom/dod/ben_message/
2. If email from ESI is not received 60 days after arriving in theater, contact DOD Pharmacy Operations Center (POC) @ DSN 312-471-8274 or 1-866-275-4732)
3. If you don't have internet access to update your address or other problems, contact the DOD POC by telephone or mail
PDTS.AMEDDCS@amedd.army.mil

CENTCOM Surgeon Policy on Psychotropic Medications

- Deploying service members (and other TRICARE eligible contractors and civilians) will receive 180 day supply of psychotropic medications at the pre-deployment processing center
- Exception is for CII stimulants - 90 day
- Follow-up care and refill/new prescriptions will need to be written by a provider in theater to ensure close monitoring
- The renewal prescriptions will be filled entirely in theater for a new (up to) 180 day supply, at which point the patient will need to be seen again for another new prescription. If provider determines SM is stable on a psychotropic medication and has enough medication on hand, the theater provider may send a new prescription to the POC

CENTCOM Policy - continued

- **The pre-deployment processing center is responsible for telling deploying SMs what they must do to:**
  - **Obtain a refill for psychotropic medications while in theater**
  - **If prescriptions are being written for anti-seizure medications but used for other indications than mood control, providers must write the indication on the Mail Order registration/Rx form**
  - **The POC will process refills through the Mail Order for these medications**

Special Mail Order Situations

- **Schedule II controlled substances (i.e. Concerta ®) *require* an original paper prescription with an accurate provider's DEA and or provider SSN**
- **Schedule II Rxs must be mailed to the POC**
- **90-day supply of Schedule II RXs is authorized at one time with no refills.**
- **Retired TRICARE eligible beneficiaries working as deployed contractors using Mail Order *are responsible* for any applicable co-pays**

Mail Order Prescription Limitations

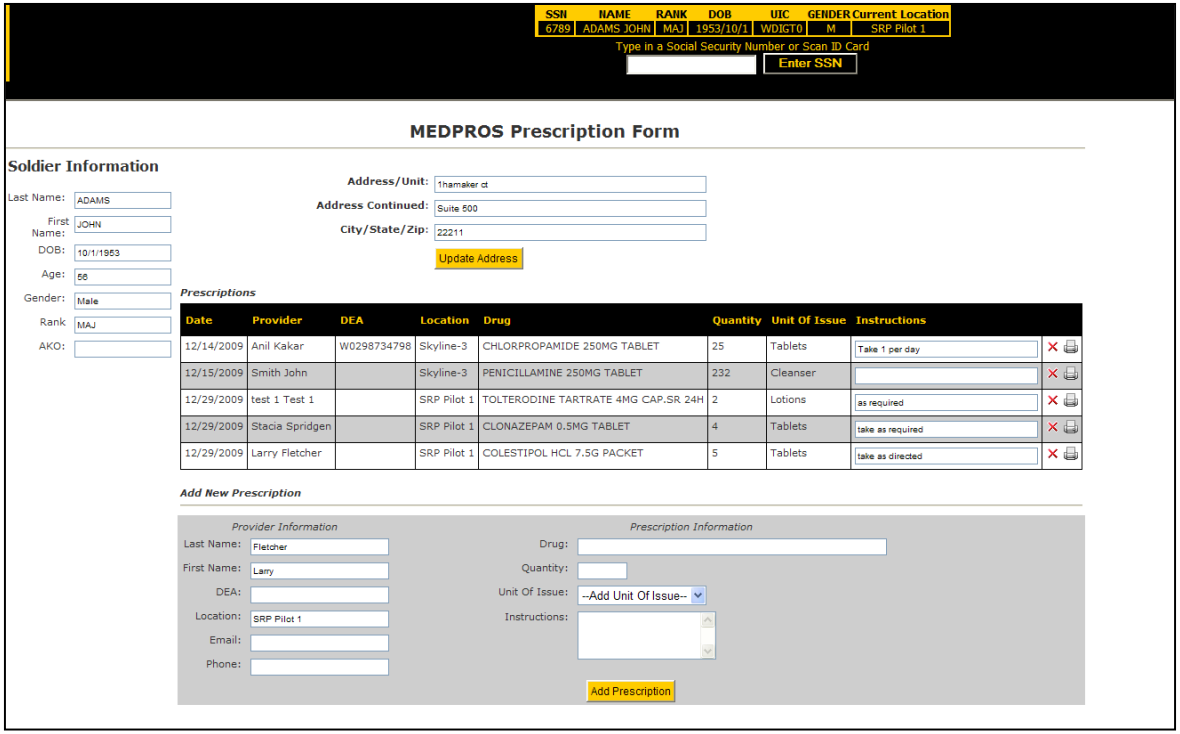
- **Temperature controlled medications *will not be* provided by Mail Order**
- **OTC medications *are not part of the TRICARE pharmacy benefit* through Mail Order (exception of Prilosec OTC, Claritin 10mg, Claritin-D, Zyrtec 10mg and Zyrtec-D)**
- ****Allegra is considered OTC and is not available through MOP****
- **Provider signature is required**
- **No digital signatures accepted**

Reasons for Possible Delays

- **Provider signature missing or illegible**
- **Drug name/strength/form incorrect or missing**
- **Missing Quantity on Rx**
- **Directions incomplete or are not in accordance with dosage form (i.e. medication is a patch but directions written as ‘one po qd’)**
- **Service member is showing as ineligible for TRICARE coverage in DEERS**
- **CII Medications are faxed or emailed**
- **OTC Medications are sent for processing**
- **Medications are temperature sensitive**
- **Patient is not TRICARE eligible (e.g., civilian/contractor w/o DoD retirement benefits)**
- **Clarification on any of the above issues may result in prescriptions being sent back to deployment site for correction.**

MEDPROS Initiatives

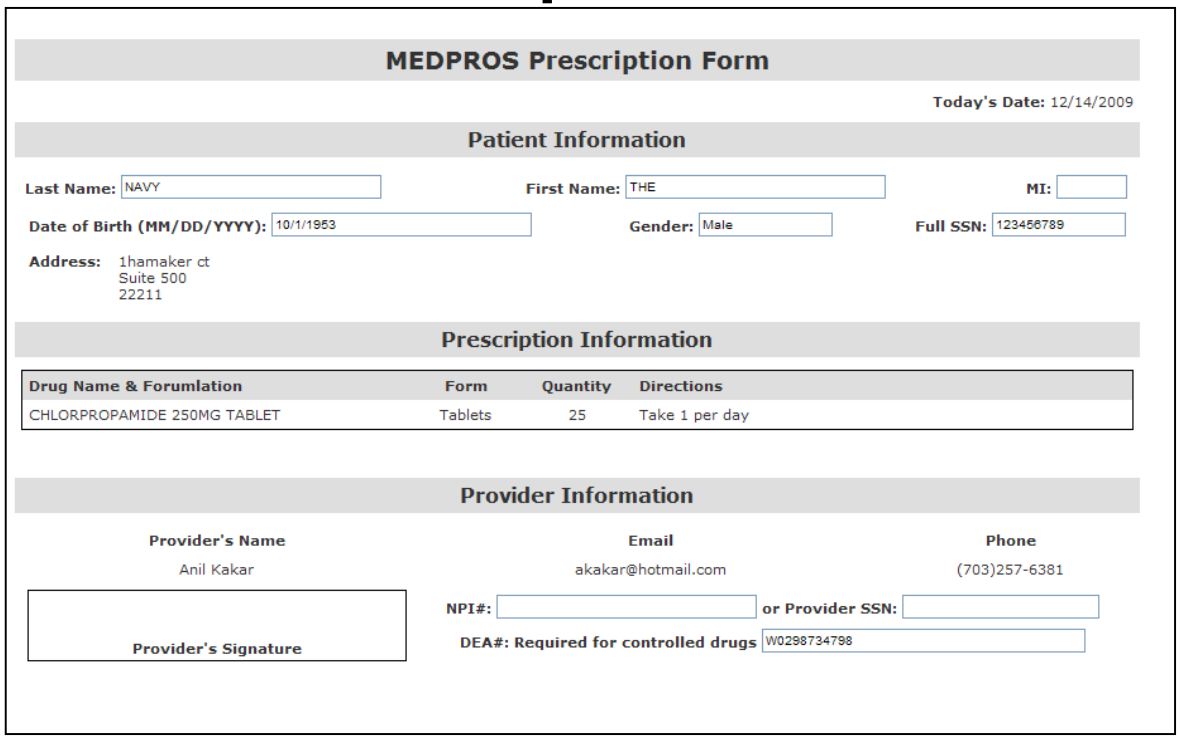
Data Entry Screen


SSN NAME RANK DOB UIC GENDER Current Location
6789 ADAMS JOHN MAJ 1953/10/1 WDIGTO M SRP Pilot 1
Type in a Social Security Number or Scan ID Card
Enter SSN
MEDPROS Prescription Form
Soldier Information
Last Name: ADAMS
First Name: JOHN
DOB: 10/1/1953
Age: 56
Gender: Male
Rank MAJ
AKO:
Address/Unit: 1hamaker ct
Address Continued: Suite 500
City/State/Zip: 22211
Update Address
Prescriptions
Date Provider DEA Location Drug Quantity Unit Of Issue Instructions
12/14/2009 Anil Kakar W0298734798 Skyline-3 CHLORPROPAMIDE 250MG TABLET 25 Tablets Take 1 per day
12/15/2009 Smith John Skyline-3 PENICILLAMINE 250MG TABLET 232 Cleanser
12/29/2009 test 1 Test 1 SRP Pilot 1 TOLTERODINE TARTRATE 4MG CAP.SR 24H 2 Lotions as required
12/29/2009 Stacia Spridgen SRP Pilot 1 CLONAZEPAM 0.5MG TABLET 4 Tablets take as required
12/29/2009 Larry Fletcher SRP Pilot 1 COLESTIPOL HCL 7.5G PACKET 5 Tablets take as directed
Add New Prescription
Provider Information
Last Name: Fletcher
First Name: Larry
DEA:
Location: SRP Pilot 1
Email:
Phone:
Prescription Information
Drug:
Quantity:
Unit Of Issue: --Add Unit Of Issue--
Instructions:
Add Prescription

The MEDPROS prescription form will allow the provider to electronically fill out the MOP prescription form using drug information provided by First Data Bank (feeds CHCS). Pharmacists supporting the deployment process will be able to access, review, and edit the prescription information to ensure accuracy and completeness.

MEDPROS Initiatives

Prescription Form



MEDPROS Prescription Form

Today's Date: 12/14/2009

Patient Information

Last Name: NAVY **First Name:** THE **MI:**

Date of Birth (MM/DD/YYYY): 10/1/1953 **Gender:** Male **Full SSN:** 123456789

Address: 1hamaker ct
Suite 500
22211

Prescription Information

Drug Name & Forumlation	Form	Quantity	Directions
CHLORPROPAMIDE 250MG TABLET	Tablets	25	Take 1 per day

Provider Information

Provider's Name	Email	Phone
Anil Kakar	akakar@hotmail.com	(703)257-6381

Provider's Signature

NPI#: **or Provider SSN:**

DEA#: Required for controlled drugs W0298734798

The prescription form will still need to be printed, signed by the provider, and sent to the Pharmacy Operations Center for processing.

Contact Information

pdts.ameddcs@amedd.army.mil

TMA Pharmacoeconomic Center
ATTN DPP Team
BLDG 1000
4130 Stanley Rd. Suite 208
Ft Sam Houston, TX 78234

1-866-275-4732 press menu option 5